

Case Number:	CM14-0050457		
Date Assigned:	07/09/2014	Date of Injury:	08/09/2001
Decision Date:	11/24/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, hip, thigh, and shoulder pain reportedly associated with an industrial injury of August 9, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier hip surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for 24 sessions of aquatic therapy and denied a request for a gel pad for the hip. The claims administrator suggested that the applicant had had prior aquatic therapy before. The applicant's attorney subsequently appealed. In an October 21, 2013 progress note, the applicant reported persistent complaints of hip and low back pain status post earlier failed hip surgery. The applicant stated that he was having difficulty bending to retrieve articles lying on the floor. The applicant was having a variety of depressive symptoms. The applicant's medication list included Imitrex, Topamax, Reglan, Xanax, Ambien, Celebrex, Cymbalta, Lyrica, Morphine, Oxycodone, Norco, and Valproic acid, Lomotil, Amoxil, Prilosec, and Xopenex. The applicant's BMI was 29. The applicant was placed off of work, on total temporary disability. Toxicology consultation was ordered to evaluate the applicant's allegations of heavy metal toxicity associated with indwelling total hip prosthesis. In a March 19, 2014 progress note, the applicant reported ongoing complaints of hip pain, shoulder pain, low back pain, and depression. The applicant was again placed off of work, on total temporary disability. Morphine, oxycodone, Cymbalta, Xanax, and Ambien were all endorsed. A follow-up lumbar MRI, total knee arthroplasty, and knee surgery consultation were endorsed while the applicant was kept off of work. The applicant was reportedly hobbling around the home, it was acknowledged, owing to a variety of low back and lower extremities complaints. The progress notes provided were quite difficult to follow. The

dates were also extremely difficult to follow as some of the notes in question took place on a certain date, were signed on another date, and printed on a third day, making it difficult to determine when the progress notes precisely transpired. Similarly, the attending provider also wrote, somewhat incongruously, that the applicant was working in certain sections of his note while other sections of the same note suggested that the applicant was "unemployed" and "receiving disability benefits."

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pool Therapy 24 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pool Therapy, Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical Medicine Functional Restoration Approach to Chronic Pain Management.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in who reduced weight bearing is desirable, as is the case here. However, the 24 sessions of aquatic therapy sought here represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be some demonstration of functional improvement at various milestones in a treatment program in order to justify continued treatment. In this case, the attending provider's request for 24 sessions of aquatic therapy does not contain a proviso to re-evaluate the applicant in the midst of the lengthy course to ensure program progression and functional improvement. The request, thus, as written, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.

DME Gel Pad for Hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: It is not clearly stated what precisely this request represents. While the MTUS Guideline for a proximate body part, the low back, in ACOEM Chapter 12, Table 12-5, page 299 does recommended at-home local applications of heat or cold as methods of symptom control for low back pain complaints, in this case, however, the attending provider did not clearly state what the gel pad at issue represented. The attending provider did not state whether or not this request represented a request for hot and cold pack or some more elaborate article of DME.

The request as written, cannot be improved owing to its imprecise nature, therefore request is not medically necessary.